

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P05000106784

1. Entity Name **KPRE, Inc**



FILED

07 APR 30 AM 10:38

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

000099890960  
05/01/07--01001--001 \*\*200.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1901 Capital Circle NE**

Suite, Apt. #, etc.

3. Mailing Address

**1901 Capital Circle NE**

Suite, Apt. #, etc.

City & State

**Tallahassee, FL**

City & State

**Tallahassee, FL**

Zip

**32308**

Country

**USA**

Zip

**32308**

Country

**USA**

4. FEI Number

**74-3150537**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

CR2E034B (8/05)

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Kristina Petrandis**

Street Address (P.O. Box Number is Not Acceptable)

**1901 Capital Circle NE**

City

**Tallahassee**

**FL**

Zip Code

**32308**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended AR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P, S, T, V  
Kristina S. Petrandis  
1901 Capital Circle NE  
Tallahassee, FL 32308**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**7/5/11**

TITLE  
NAME  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Kristina S. Petrandis**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/07 (850) 544-3474**  
Date Daytime Phone #